

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 4	
1. CONTRACT PURCH ORDER/AGREEMENT NO. DAAE20-02-D-0041			2. DELIVERY ORDER/CALL NO. 0005		3. DATE OF ORDER/CALL (YYYYMMDD) 2003JUL30		4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE		5. PRIORITY DOA5		
6. ISSUED BY TACOM-ROCK ISLAND AMSTA-LC-CFA-A LINDA GRAFF (309)782-3136 ROCK ISLAND IL 61299-7630 EMAIL: GRAFFL@RIA.ARMY.MIL			CODE W52H09		7. ADMINISTERED BY (If other than 6) DCMA ORLANDO 3555 MAGUIRE BOULEVARD ORLANDO FL 32803-3726			CODE S1002A		8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR BREAK-FREE INC 13386 INTERNATIONAL PKWY JACKSONVILLE, FL. 32218			CODE 65983		FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE			11. X IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED	
NAME AND ADDRESS TYPE BUSINESS: Large Business Performing in U.S.			12. DISCOUNT TERMS		13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 15						
14. SHIP TO SEE SCHEDULE			CODE		15. PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P O BOX 182264 COLUMBUS OH 43218-2264			CODE HQ0338		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2	
16. TYPE OF ORDER		DELIVERY/ CALL <input checked="" type="checkbox"/>		THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.							
PURCHASE		Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.		furnish the following on terms specified herein.							
				ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.							
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED (YYYYMMDD)</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:         </div>											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT	
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price  KIND OF CONTRACT: Supply Contracts and Priced Orders									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA BARRY R HARTLEBEN /SIGNED/ HARTLEBEN@RIA.ARMY.MIL (309)782-7116 BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL \$43,863.40		26. DIFFERENCES
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____											
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP. NO.		29. D.O. VOUCHER NO.		30. INITIALS	
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.						31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER	
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER								35. BILL OF LADING NO.	
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE20-02-D-0041/0005 <b>MOD/AMD</b>	<b>Page</b> 2 <b>of</b> 4
<b>Name of Offeror or Contractor:</b> BREAK-FREE INC		

SUPPLEMENTAL INFORMATION

- 1. THIS DELIVERY ORDER 0005 IS ISSUED AGAINST LONG TERM, INDEFINITE DELIVERY, INDEFINITE QUANTITY (IDIQ) CONTRACT DAAE20-02-D-0041 WITH BREAK FREE INC.
- 2. THIS D.O. 0005 IS FOR 380 AY BRUSH AND BAG ASSEMBLIES UNDER CLIN 0001, NSN: 1025-01-196-2176, P/N: 155-110-401.
- 3. THIS DELIVERY ORDER IS AWARDED AGAINST ORDERING PERIOD TWO: 18 JAN 03 TO 17 JAN 04.
- 4. DELIVERY SCHEDULE DETAILS (AS REFLECTED IN SCHEDULE B OF THE D.O. 0005):  
CLIN 0001 - 200 EACH PER MONTH @ 90 DAYS AFTER AWARD AND 180 EACH, 30 DAYS THEREAFTER.
- 5. THE CLIN UNIT PRICE FOR THE QUANTITY RANGE (100 - 500) UNDER ORDERING PERIOD TWO IS \$115.43 EACH.
- 6. THE TOTAL VALUE OF THIS DELIVERY ORDER IS \$43,863.40.
- 7. ALL TERMS AND CONDITIONS OF THE BASIC IDIQ CONTRACT DAAE20-02-D-0041 APPLY TO THIS DELIVERY ORDER.

\*\*\* END OF NARRATIVE A 001 \*\*\*

Name of Offeror or Contractor: BREAK-FREE INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	NSN: 1025-01-196-2176 FSCM: 27412 PART NR: 155-110-401 SECURITY CLASS: Unclassified				
0001AA	<u>PRODUCTION QUANTITY</u>  NOUN: BRUSH AND BAG ASSEMBLY PRON: M131R075M1      PRON AMD: 01      ACRN: AA AMS CD: 070011PB8  <u>Packaging and Marking</u>  SEE CLAUSE DS6413  				

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CONTRACT ADMINISTRATION DATA

										JOB				
LINE	PRON/	OBLG								ORDER	ACCOUNTING		OBLIGATED	
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>						<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>		
0001AA	M131R075M1	AA	2	97	X4930AC6G	6D	26FB	S11116			W52H09	\$	43,863.40	
070011PB8														
											TOTAL	\$	43,863.40	
SERVICE										ACCOUNTING		OBLIGATED		
<u>NAME</u>	<u>TOTAL BY ACRN</u>		<u>ACCOUNTING CLASSIFICATION</u>							<u>STATION</u>	<u>AMOUNT</u>			
Army	AA		97	X4930AC6G	6D	26FB	S11116			W52H09	\$	43,863.40		
											TOTAL	\$	43,863.40	